



**Personal**  
**Financial Disclosure**  
**Electronic Filing Access Code**  
**State Ethics Commission**

200 Piedmont Avenue

Suite 1402 - West Tower

Atlanta, GA 30334

**PERSONAL IDENTIFICATION NUMBER APPLICATION**  
**(\*\* All Fields must be completed and legible in order to process application \*\*)**

**Filer's Identification - Please Print**

Application Status	NEW	AMENDED
Filer's Name	<hr/>	
Address	<hr/>	
City, State, Zip	<hr/>	
Telephone (Office)	<hr/>	Telephone (Home) <hr/>
Email Address	<hr/>	
Name of Public Office Held or Sought/Authority/Board	<hr/>	

*I understand this confidential PIN number is assigned to the above filer and only the State Ethics Commission staff and the listed filer will have access to this confidential number.*

**Verification - Must Be Notarized**

State of \_\_\_\_\_, County of \_\_\_\_\_.

**FILER:** I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF FILER: 

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**NOTARY PUBLIC** (sign name): 

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PRINT NOTARY'S NAME: 

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My Commission expires: 

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This document was sworn to or affirmed and subscribed before me on \_\_\_\_\_, 20

***For Office Use Only***

FilerID:

Approved By \_\_\_\_\_ Date \_\_\_\_\_